

1646

PATENT APPLICATION

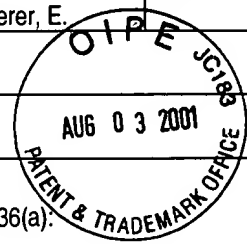
FEE AUTHORIZATION / AMENDMENT TRANSMITTAL LETTER

Attorney's Docket No:  
A-460A

Serial No. 09/559,001	Filing Date April 21, 2000	Examiner Kemmerer, E.	Group Art Unit 1646
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In Re Application of  
Egrie et al.

For  
Methods and Compositions for the Prevention and Treatment of Anemia



TO THE ASSISTANT COMMISSIONER FOR PATENTS:

- ☒ Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a):
- ☒ One month of original due date (\$110.00)
  - ☐ Two months of original due date (\$390.00)
  - ☐ Three months of original due date (\$890.00)
  - ☐ Four months of original due date (\$1,390.00)
  - ☐ Five months of original due date (\$1,890.00)
- ☒ A response in connection with the matter for which this extension is requested:
- ☒ is filed herewith.
  - ☐ has been filed.
  - ☐ The response is the filing of a continuing prosecution application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application.
- ☐ The accompanying papers include amended claims for which no additional fee is required.
- ☐ The accompanying papers include amended claims the fee for which has been calculated as follows:

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CLAIMS AS AMENDED

(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee
Total Claims	*	Minus	** =	0	x \$18	= \$ 0.00
Indep. Claims	*	Minus	*** =	0	x \$80	= 0.00
<input type="checkbox"/> First Appearance of a multiple dependent claim					+ \$270	= 0.00
Total Additional Fee for this Amendment						\$0.00

- \* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.  
\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  
The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed.

- ☐ The following other fees are incurred by the accompanying papers.  
☐ Other: \_\_\_\_\_

Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of \$ 110.00. A duplicate copy of this petition is attached.

- ☒ If an additional extension of time is required, please consider this a request therefore.  
☒ The Commissioner is hereby authorized to charge any additional fees which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519.

Please Send Future Correspondence To:

US Patent Operations/RBW  
Dept. 4300, M/S 27-4-A  
AMGEN INC.  
One Amgen Center Drive  
Thousand Oaks, California 91320-1799

Robert B. Winter  
Attorney/Agent for Applicant(s)  
Registration No.: 34,458  
Phone: (805) 447-2425  
Date: July 31, 2001

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231, on the date appearing below.

July 31, 2001

Date

*[Signature]*  
Signature